

RECORD REQUEST FORM EMS OR FIRE

Fax to: ALBUQUERQUE FIRE DEPARTMENT RECORDS MANAGEMENT

MAIN OFFICE (505)764-6337 FAX NUMBER (505) 764-6360

| Requestor: | | 0.MII | _ |
|---|--------|----------|-----|
| Phone #: | Fax #: | | |
| Please fill in all blanks to expedite your request. This is greatly appreciated! | | | |
| Type of report requesting: | FIRE | EMS | |
| Location of Incident: | | | |
| Address: | | <u> </u> | |
| Cross Streets: | | | |
| Date of incident: | | | |
| Patient: | | | N/A |
| DOB: | | N/A | |
| | | | |

REMINDER
When requesting an EMS reports please attach the
Medical Authorization SIGNED by patient. Thank you!